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Bib Data Sheet

CONFIRMATION NO. 1360

<b>SERIAL NUMBER</b> 10/085,047	<b>FILING DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P-8158.03 DIV2
<b>APPLICANTS</b> Bozidar Ferek-Petric, Zagreb, CROATIA; <i>JP</i> <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/558,870 04/28/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>JP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/16/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Francis P. Oropaya</i> <i>JP</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CROATIA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 3
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Thomas F. Woods Medtronic, Inc. MS LC 340 710 Medtronic Parkway Minneapolis, MN 55432-5604				
<b>TITLE</b> Ischemic heart disease detection				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	
			<input type="checkbox"/> 1.18 Fees ( Issue )	
			<input type="checkbox"/> Other _____	
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